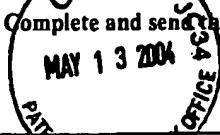


PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
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22245 7590 02/11/2004

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Wendy A. Frick	(Depositor's name)
Wendy A. Frick	(Signature)
5/11/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/747,521	12/21/2000	Darrel R. Galloway	22727/04079	9991

TITLE OF INVENTION: METHODS FOR PROTECTION AGAINST LETHAL INFECTION WITH BACILLUS ANTHRACIS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	05/11/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SHAHNAN SHAH, KHATOL S	1645	424-190100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Calfee, Halter & Griswold LLP
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		1. _____
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		2. _____
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(A) NAME OF ASSIGNEE

The Ohio State University Research Foundation Columbus, Ohio
Department of the Navy Silver Spring, Maryland

Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

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A check in the amount of the fee(s) is enclosed.

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(Authorized Signature)	(Date)
<i>Wendy A. Frick</i> May 11, 2004	
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05/14/2004 FMETEK12 00000101 09747521

01 FC:1501	1330.00	OP
02 FC:1504	300.00	OP
03 FC:8001	30.00	OP